

conjunctival congestion. The optic discs were completely obscured by effusion, which extended into the retina. The retinal veins were tortuous and congested. There was no albumen, no sugar, in the urine. Under quinine, then arsenic and strychnine and a change of air, the discs gradually cleared up. Two months elapsed, however, before the patient could read Snellen 1.25. In six months the optic discs were white; Snellen 0.5 could be read; vision in the right eye was $\frac{3}{4}$, in the left $\frac{3}{8}$; and there was no return of fever.

In another instance, where there was complete blindness—but no suspicion of syphilis, no albumen, no rheumatism—full doses of strychnine and a bracing climate restored sight in about a year. A boy of ten recovered under similar treatment.

Another case added to almost total blindness the annoyances attendant upon paralysis of the left ulnar nerve, together with great difficulty in swallowing. Within three months, under the anti-malarial treatment referred to above, complete power over the nerves and muscles whose functions had been lost was restored. In none of the cases cited was anæmia present, though enlargement of the spleen existed in every one. Kidney trouble, syphilis, and rheumatism were excluded. Impaired vision remained for a long time the only malarial symptom. Except for it, the patients were practically well, unless exposed to sudden cold or damp. Checking the fever prevented the probable atrophy of the disc.

HEREDITY AS A FACTOR IN ALCOHOLISM.

In Paul Sollier's treatise on this subject ("Prix Aubanel," 1889) the following generalities are given as rational conclusions derived from the careful and discriminating study of some 350 families who have numbered one or more idiotic, epileptic, or mentally unsound representatives in the wards of the Bicêtre

I. There exists a form of passion for drink that finds its true place of classification somewhere between dipsomania, hereditary insanity, and acquired alcoholism. This is hereditary alcoholism, more frequent in occurrence than dipsomania and having much in common with acquired alcoholism.

II. Hereditary alcoholism may be identical with its source, or different in its manifestations, the proportion of the first to the second being as three to four.

III. Hereditary alcoholism belongs to neuropathic humanity, particularly to its psychopathic division.

IV. Causes that produce hereditary alcoholism, especially among the descendants of drinkers, are not occasional or apparent. The seeming and chance causes that produce such direful results are by no means the important factors we have been led to believe. The only true cause is that *heredity* creates the predisposition, the desire, together with the intellectual and moral state that renders the individual powerless to resist.

HOW WHOOPING-COUGH IS TREATED IN SPAIN.

"L'Union Médicale" (March 6, 1890) gives the following, from the report of the Scientific Congress of Barcelona: Carreras advises in whooping-cough an application of resorcin to the pharynx and to the vestibule of the larynx. He also gives large doses of chloral to allay the excitability of the superior laryngeal nerves. Guerra y Estapé also approves of resorcin locally, and when the cough becomes non-convulsive finds benefit from balsams. Calatreveno employs belladonna, inhalations of benzoate of soda, and insufflations of powdered roasted coffee and sulphate of quinine mixed. He also gives doses of anti-pyrin, one-hundredth of a grain for every month the patient has lived.

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A CASE OF ALEXIA (DYSSANAGNOSIA).

In the January number of the "Archives of Ophthalmology," Dr. Swan M. Burnett, of Washington, reports the history of the following unique case: The patient was a clergyman, eighty-two years of age. Some weeks before, while assisting his servant in watering the grass, he staggered, but did not fall, and, feeling uncomfortable, went into the house. He passed a comfortable night, and came down-stairs the next morning as usual, read the service, and had the customary family devotions. Soon afterward, however, he complained of feeling bad, was taken up-stairs, and almost directly went into strong general convulsions. Of these he had three during the afternoon and evening, and afterward passed into a condition of stupor, from which he could be roused with difficulty and for only a moment. At the end of three days he became conscious, but was very weak. On the fourth day, in the evening, he read some from the prayer-book, but was very much fatigued thereby. On the next morning he attempted to read again, but found he could not.

On examination he failed to name any letter of Snellen's test-type correctly, even the largest. The refracting media were unusually clear for a person of that age, and the fundus